

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ C C00523621		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee Ardleigh Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>		
Mailing Address PO Box 12182			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">660000.00</div>		
City Washington State DC Zip Code 20006		Transaction ID : D366447 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>			
Purpose of Expenditure Canvassing Services		Category/Type 001			
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">2332420.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee Terra Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>		
Mailing Address 100 East Grand Ave. Suite 380			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">450000.00</div>		
City Des Moines State IA Zip Code 50309		Transaction ID : D366449 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>			
Purpose of Expenditure Canvassing Services		Category/Type 001			
Name of Federal Candidate DONALD J TRUMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">2332420.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1110000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gerald Hudson			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div> [Electronically Filed]		

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NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ardleigh Group		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2016	
Mailing Address PO Box 12182		Amount 325000.00	
City Washington	State DC	Zip Code 20006	Transaction ID : D366448
Purpose of Expenditure Canvassing Services	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2016	
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 2332420.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	325000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	1435000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gerald Hudson

[Electronically Filed]

Date

MM / DD / YYYY
07 / 20 / 2016

Signature